Case 12-43767 Doc 5 Filed 10/24/12 Entered 10/24/12 14:31:02 Desc Main Document Page 1 of 7

B22C (Official Form 22C) (Chapter 13) (12/10)

In re	Dorothy Benedict	According to the calculations required by this statement:
	Debtor(s)	■ The applicable commitment period is 3 years.
Case N	umber:	☐ The applicable commitment period is 5 years.
	(If known)	☐ Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

may com	ipicie o	ne statement only.	4 T	DEDODE OF IM	701	ATE:				
	134-			REPORT OF INC				1' . 1		
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. 1								as directed.		
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income")									
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the							Column A	C	olumn B
							Debtor's			Spouse's
	six-n	nonth total by six, and enter the result on the a	ppro	priate line.			Income]	Income
2	Gros	ss wages, salary, tips, bonuses, overtime, con	nmis	ssions.			\$	1,805.58	\$	
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as									
				Debtor		Spouse				
	a.	Gross receipts	\$	1,398.33						
	b.	Ordinary and necessary business expenses	\$	700.12			١.			
	c.	Business income	•	otract Line b from			\$	698.21	\$	
4	the a	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.								
4		Cross magints	\$	Debtor 0.00	¢.	Spouse				
	a. b.	Gross receipts Ordinary and necessary operating expenses	\$	0.00	\$					
	c.	Rent and other real property income		btract Line b from		e a	\$	0.00	\$	
5	Inter	rest, dividends, and royalties.					\$	0.00	\$	
6	Pens	sion and retirement income.					\$	0.00	\$	
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.							0.00	\$	
8	Howe benef	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:								
	Une be a	employment compensation claimed to benefit under the Social Security Act Debtor	r \$	0.00 Sp	ouse	\$	\$	0.00	\$	

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.							
		Debtor	Spouse]				
	a. \$ \$ \$ \$		\$ \$) d			
	T T	alumn D is somplet.	T	*	00 \$			
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B. Enter the total(s).			\$ 2,503.7	' 9 \$			
11	Total. If Column B has been completed, add Line 10, the total. If Column B has not been completed, enter			\$		2,503.79		
	Part II. CALCULATION (OF § 1325(b)(4)	COMMITMENT	PERIOD				
12	Enter the amount from Line 11	_			\$	2,503.79		
13	Marital Adjustment. If you are married, but are not calculation of the commitment period under § 1325(benter on Line 13 the amount of the income listed in L the household expenses of you or your dependents an income (such as payment of the spouse's tax liability debtor's dependents) and the amount of income devot on a separate page. If the conditions for entering this a. b. c.	e of your spouse, egular basis for coluding this the debtor or the						
	Total and enter on Line 13	\$	0.00					
14	Subtract Line 13 from Line 12 and enter the result		\$	2,503.79				
15	Annualized current monthly income for § 1325(b)(enter the result.	e number 12 and	\$	30,045.48				
16	Applicable median family income. Enter the median information is available by family size at www.usdoj.							
	a. Enter debtor's state of residence: MA	b. Enter deb	tor's household size:	1	\$	55,185.00		
	Application of § 1325(b)(4). Check the applicable be	ox and proceed as di	irected.					
17	 ■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. □ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement. 							
	Part III. APPLICATION OF § 1325			SLE INCOME				
18	Enter the amount from Line 11.	. ((0)(0) = 0 = 1 = = = =			\$	2,503.79		
19	Marital Adjustment. If you are married, but are not any income listed in Line 10, Column B that was NO debtor or the debtor's dependents. Specify in the lines payment of the spouse's tax liability or the spouse's su dependents) and the amount of income devoted to eac separate page. If the conditions for entering this adjust a. b. c.	expenses of the income(such as e debtor's						
	Total and enter on Line 19.	\$			\$	0.00		
20								

D22C (O	iiiciai i	orm 22C) (Chapter 13) (12/	10)					3
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.							30,045.48
22	Applicable median family income. Enter the amount from Line 16.						\$	55,185.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is deter 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.							
	■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is n 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part							
		Part IV. C	ALCULATION ()F I	DEDUCTIONS F	ROM INCOME		
		Subpart A: D	eductions under Star	ndar	ds of the Internal Re	venue Service (IRS)		
24A	Enter in application bankru	al Standards: food, appar n Line 24A the "Total" amo ble number of persons. (T ptcy court.) The applicable r federal income tax return	ount from IRS National his information is availa number of persons is the	Standable at number 1	ards for Allowable Livin www.usdoj.gov/ust/ or ber that would currently	g Expenses for the from the clerk of the be allowed as exemptions	\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
	Perso	ns under 65 years of age		Pers	ons 65 years of age or o	older		
	a1.	Allowance per person		a2.	Allowance per person			
	b1.	Number of persons		b2.	Number of persons			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.							
	a. IRS Housing and Utilities Standards; mortgage/ren							
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 \$							
	c.	Net mortgage/rental expen	se		Subtract Line b	from Line a.	\$	
26	25B do Standa	Standards: housing and uses not accurately computerds, enter any additional antion in the space below:	the allowance to which	you a	re entitled under the IRS	Housing and Utilities		
		-					\$	

27A	Local Standards: transportation; vehicle operation/public transpo expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 7. □ 0 If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or the standards in the control of the standards in the control of the standards.)	\$			
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at <a "one="" "ownership="" (available="" 2="" 28.="" <a="" a="" at="" below,="" box="" car"="" costs"="" enter,="" for="" from="" href="https://www.usdoj.gov/ust/" in="" irs="" line="" local="" more"="" or="" standards:="" the="" transportation="" ="">www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. Average Monthly Payment for any debts secured by Vehicle \$				
30	c. Net ownership/lease expense for Vehicle 2 Other Necessary Expenses: taxes. Enter the total average monthly extate, and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$		
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$		
32	Other Necessary Expenses: life insurance. Enter total average monlife insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$		
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.				
34	Other Necessary Expenses: education for employment or for a phy the total average monthly amount that you actually expend for educati education that is required for a physically or mentally challenged deper providing similar services is available.	\$			
35	Other Necessary Expenses: childcare. Enter the total average month childcare - such as baby-sitting, day care, nursery and preschool. Do		\$		
36	Other Necessary Expenses: health care. Enter the total average more health care that is required for the health and welfare of yourself or yourself or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts.	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	4		

B22C (Official Form 22C) (Chapter 13) (12/10)

37	Other actuall pagers, welfare	\$				
38	Total l	Expenses Allowed under IRS Standards. Enter	the total of Lines 24 through 37.	\$		
		-	onal Living Expense Deductions penses that you have listed in Lines 24-37			
		egories set out in lines a-c below that are reasonal	avings Account Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your			
39	a.	Health Insurance	\$			
	b.	Disability Insurance	\$			
	c.	Health Savings Account	\$			
	Total a	and enter on Line 39		\$		
	If you below:		your actual total average monthly expenditures in the space			
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.					
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Home Standa trustee claime	\$				
43	Educate actually school documnecess	\$				
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.					
46	Total A	Additional Expense Deductions under § 707(b).	Enter the total of Lines 39 through 45.	\$		

5

B22C (Official Form 22C) (Chapter 13) (12/10)

			Subpart C: Deductions for I)ebt	Payment		
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.						
	Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance						
	a.			\$	•	□yes □no	
				Γ	otal: Add Lines		\$
48	moto your paym sums	r vehicle, or other property deduction 1/60th of any an nents listed in Line 47, in of in default that must be pai ollowing chart. If necessar	aims. If any of debts listed in Line 47 are a necessary for your support or the support mount (the "cure amount") that you must perder to maintain possession of the property id in order to avoid repossession or foreclosy, list additional entries on a separate page.	of you ay the y. The osure.	ur dependents, your creditor in additt cure amount wo List and total any	ou may include in ion to the uld include any such amounts in	
		Name of Creditor	Property Securing the Debt		\$	the Cure Amount	
	a.					Total: Add Lines	\$
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.						
50	a. b. c.	Current multiplier for y issued by the Executive information is available the bankruptcy court.)	thly Chapter 13 plan payment. your district as determined under schedules e Office for United States Trustees. (This e at www.usdoj.gov/ust/ or from the clerk of nistrative expense of chapter 13 case	of x	otal: Multiply Li	nes a and b	\$
51	Tota	l Deductions for Debt Pa	yment. Enter the total of Lines 47 through	ı 50.			\$
			Subpart D: Total Deductions	fror	n Income		
52	Tota	l of all deductions from in	1. Enter the total of Lines 38, 46, and	151.			\$
		Part V. DETE	RMINATION OF DISPOSABLE	E INC	COME UNDI	ER § 1325(b)(2))
53	Total current monthly income. Enter the amount from Line 20.						\$
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptc law, to the extent reasonably necessary to be expended for such child.						\$
55	wage		ns. Enter the monthly total of (a) all amou ified retirement plans, as specified in § 54 specified in § 362(b)(19).				\$
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.						\$

57	Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circumst If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these experon of the special circumstances that make such expense necessary.	ances and the resulting expenses in lines a-c be expenses and enter the total in Line 57. You nses and you must provide a detailed explanary and reasonable.	elow. must
37	Nature of special circumstances a. b. c.	Amount of Expense \$ \$ \$ Total: Add Lines	
58	Total adjustments to determine disposable income. Add the result.		r the \$
59	Monthly Disposable Income Under § 1325(b)(2). Subtract L	\$	
	Part VI. ADDITIONA	AL EXPENSE CLAIMS	
	Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an addi 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a see each item. Total the expenses.	tional deduction from your current monthly inc	come under §
60	Expense Description	Monthly An	nount
	a.	\$	
	b. c.	\$ \$	
	d.	\$	
	Total: Add Line		
	Part VII. VI	ERIFICATION	
61	I declare under penalty of perjury that the information provided must sign.) Date: October 24, 2012	d in this statement is true and correct. (If this is Signature: /s/ Dorothy Benedict	s a joint case, both debtors
01		Dorothy Benedict	
		(Debtor)	